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I hereby certify under 37 C.F.R. § 1.10 that this correspondence "Express Mail Post Office to Addressee" with sufficient postar PATENT APPLICATION, Assistant Commissioner for Patents, W. Guy Beardsley	ge on the date indicated above and is addressed to: BOX					

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)				
Attorney Docket Number	50195/008003	50195/008003		
Applicants	James M. Robl, Richard A Yoshimi Kuroiwa, Kazum	James M. Robl, Richard A. Goldsby, Stacy E. Ferguson, Yoshimi Kuroiwa, Kazuma Tomizuka, and Isao Ishida		
Title	EXPRESSION OF XENO IMMUNOGLOBULINS IN	GENOUS (HUMAN) CLONED, TRANSGENIC UNGULATES		
PRIORITY INFORMATION:				
This application claims the ben filed August 9, 2001 and U.S p is a continuation-in-part of U.S.	rovisional patent application 6	ovisional patent application 60/311,625, 0/256,458, filed December 20, 2000 and filed November 17, 2000.		
SMALL ENTITY STATUS:				
□ Applicant claims small entity status under 37 C.F.R. § 1.27.				
APPLICATION ELEMENTS:				
Cover sheet		1 page		
Specification		77 pages		
Claims		5 pages		
Abstract		1 page		
Drawing		37 sheets		
Combined Declaration and POA, which is: Unsigned; Newly signed for this application; A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.		4 pages		
Sequence Statement		0 pages		
Sequence Listing on Paper		0 pages		
Sequence Listing on Diskette		0 disk		

Small Entity Statement, which is: □ A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.	0 pages
Preliminary Amendment	0 pages
IDS	0 pages
Form PTO 1449	0 pages
Cited References	0 references
Recordation Form Cover Sheet and Assignment	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$740	\$740.00
Excess Claims Fee: 48 - 20 = 28 x \$18	\$504.00
Excess Independent Claims Fee: 12 - 3 = 9 x \$84	\$756.00
Multiple Dependent Claims Fee: \$0	\$0.00
Total Fees:	\$2,000.00

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- □ The filing fee is not being paid at this time.
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CUSTOMER NO: 21559

Signature Susan M. Michaud Reg. No. 42,885

November 16 2001 Date

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